

# Medicaid Transformation for Behavioral Health in Youth

Resources for Early Advancement Child Health (REACH)

Department of Health and Human Services

Division of Health Care Financing and Policy

# Medicaid's Federal Partners in System Change

- ▶ Nevada is one of three states selected for innovative program design
- ▶ National Governor's Association (NGA)
  - Provide technical assistance
- ▶ United States Health and Human Services
  - Provide Administrative support for project

# Medicaid Transformation for Behavioral Health and Youth

- ▶ The current system is **crisis-based**. Patients need a behavioral health diagnosis to access services.
- ▶ Transformation GOAL: **prevention and early intervention**
  - Screen all children as they enter 7<sup>th</sup> grade
  - Reduce the behavioral health stigma
  - Access services before being diagnosed

# 1115 Demonstration

- ▶ Why an 1115 Demonstration?
  - A waiver allows Medicaid to “waiver” certain requirements that are different than is offered under the state plan.
    - Amount, duration and scope of services
      - Providing services to youth without a diagnosis
      - Specific services not in state plan
    - Comparability
      - Expanding provider qualifications to non-traditional providers
      - Specific ages of children (10–14 year olds)

# Rising Risk Youth

- ▶ Adverse Childhood Experiences Study (ACES)
  - 2–3 Events
- ▶ Who are “Rising Risk” youth
  - Rising Risk: has experienced some trauma, but has not yet escalated to a diagnosis

# Behavioral Health Screen

## ▶ Screening Service

- Target entry into 7<sup>th</sup> grade (similar to Tdap immunization mandate)
- ALL children screened regardless of payer source
  - reduce stigma of behavioral health
- Traditional (medical and BH) and non-traditional providers
- Tool:
  - Modified Child and Adolescent Needs and Strengths (CANS)
  - Evidence-based tool
  - A modified version used in 37 states
  - Results in a service package recommendation
- Categories based upon screen:
  - No Risk
  - Watchful Wait
  - Rising Risk
  - At-Risk (crisis)

# Levels of Program

- ▶ Watchful Wait: rescreen quarterly
- ▶ Rising Risk:
  - Waiver benefit package with clinically appropriate service limitations
    - Family to Family
    - Parent Education
    - Kids Coping Skills
    - Case management
- ▶ At-Risk: Referral to Behavioral health services and/or Crisis Intervention

# Incentive Payment

- ▶ Reviewing feasibility at incentivize providers for holistic care
  - Appropriate referrals between behavioral and physical health (with follow through)
  - Tracking follow up after EPSDT screen

# Demonstration Period

- ▶ 5 year demonstration period
- ▶ Requires self-sustainment by the end of the demonstration
- ▶ Evaluation improvement in targeted population from ages over 5 years
  - Emergency room visits
  - RTCs
  - Inpatient Psychiatric Hospital Stays

# High-level Operational matters

1. Statutory language for mandate
  2. Coverage for commercial insurance, uninsured, and undocumented
  3. Training non-traditional providers on CANS and referral process
  4. Enrollment of providers in Medicaid
- ▶ Medicaid system changes
  - ▶ Develop/modify statewide database for screen collection
  - ▶ Staff for program management
  - ▶ Provider billing/procedure education
  - ▶ Approval of waivers

External procedures

Internal procedures

# Waiver Program Funding

## ▶ Implementation

- Without state budget authority, need upfront funding
- Designated State Health Programs (DSHP)

## ▶ Sustainability Funding

- Intergovernmental transfers (IGTs)
- Certified Public Expenditures (CPEs)

# Implementation Timeframe

- August 31<sup>st</sup> – Submit 1115 application to CMS on 8/31
- Negotiations– Ongoing through October
- November– Goal for approval
- Late 2016– Implementation

QUESTIONS or COMMENTS?